The Launch!

Debbie Wild
Deputy Director, Office of Improvement Science, Changi General Hospital
Faculty, Singapore Healthcare Improvement Network (SHINE)
Member of SHINE Improvement Advisor Group
Preparations

Hi everyone,

Once again, thank you all for agreeing to be part of this new and exciting large scale initiative. By next week, letters will be going out to your senior management for your appointments. Just to make it "official" as so that everyone will know who is who, here is the list of local faculty and who is associated with which workstreams under the LSI.

Medication safety – Tang Ching, Fatimah, Debbie and Tan Thai Lian

On 12 Nov, 2013, at 10:45 AM, "Ng Toon Mae (SHINE)" <ngtm@SHINE.com.sg> wrote:

Dear Dr Lee,

SHINE would like to seek your approval to invite Ms Deborah Wild to be a Faculty member of SHINE’s Large Scale Initiative (LSI) – Reduce Harm in Patients. Ms Wild will be one of the drivers and resource persons for the Medications Safety workstream.

The LSI - Reduce Harm in Patients is a collaborative effort between SHINE and Institute of Healthcare Improvement, United States of America to accelerate the pace and scale of quality improvement initiatives in Singapore. The initiative consists of three workstreams – Medications Safety, Prevention of Healthcare Associated Infections and Surgical Safety. These workstreams were identified by Senior Leaders during the Agenda Setting Forum held on 7 November 2012, as prioritised areas for national healthcare quality improvement.

As a leading member of the healthcare quality movement in Singapore, Ms Wild will help SHINE to co-create a culture of "All Teach, All Learn, All Share" in patient safety and quality improvement. Ms Wild’s involvement, practical knowledge and experiences in medication safety, quality improvement, safety and peer review in healthcare will add value to SHINE’s Large Scale Initiative.

The appointment would be for a 2-year period, with the possibility of extension to complete the implementation of the plans of the workstream. The frequency of meeting would be at least once a month to develop and guide the implementation of the respective workstream’s change package. Ms Wild will also be part of the SHINE team to coach healthcare institutions’ teams during the Learning Sessions held twice a year. Please refer to the Annex A for the Terms of Reference for Faculty members.

We look forward to your favourable reply. You may contact me at e-mail address: talhy@SHINE.com.sg or the Secretariat, Ng Toon Mae (ngtm@SHINE.com.sg, 64267848) if you need more
Timeline LSI: Reduce harm in Patients - 2014

- **Invitation to participate in LSI sent to participating institutions**
- **Draft LSI Driver Diagram, Change package & measurement strategy, invitation & setup teams documents**
- **Learning Session 0**
  - **(15 & 16 Apr)**
  - **(14 Apr - 0.5 Day for Program Manager)**
- **Change Package & Measurement Strategy documents finalised**
- **Learning Session 1**
  - **(13 to 15 Oct)**
  - **Venue: Furama Riverfront Hotel**
  - **Trainers: SHINe faculty & IHI Faculty**
- **Presentations at SHINe Council, SHINe (Network), engagement of institutions**
- **Start of Monthly teleconference by Faculty members to Program managers**
- **Submission of data - LSI Measurement strategy**
- **Institution teams perform Gap Analysis, pilot measurement tools, test interventions**
Activities Schedule – Development of Change Package & Measurement Strategy Document

Faculty appointed.
1st meeting

Faculty Meetings to complete Measurement Strategy document (in May 2014)

Learning Session 0

IHI/SHINE Faculty Call

Briefing institutions on Change Package

LSO Pre Planning Meeting

15 & 16 Apr 2014

15 Nov 2013

Dec 2013

Jan 2014

Feb 2014

Mar 2014

IHI/SHINE Office Operational Call

IHI/SHINE/SHINE MOH Strategic Guidance Call

IHI/SHINE Office Operational Call

IHI/SHINE Office Operational Call

IHI/SHINE Office Operational Call

IHI/SHINE Office Operational Call

IHI/SHINE Office Operational Call

IHI/SHINE Office Operational Call

IHI/SHINE Office Operational Call

Test WebEx

Expert & Faculty Meeting

Expert & Faculty Meeting

Expert & Faculty Meeting

Expert & Faculty Meeting

Expert & Faculty Meeting

IHI Faculty Call

IHI Faculty Call

IHI Faculty Call

IHI Faculty Call

IHI Faculty Call

IHI Faculty Call

IHI/SHINE Faculty Call

HAI Faculty meeting

HAI Faculty meeting

HAI Faculty meeting

HAI Faculty meeting

HAI Faculty meeting

Surgical Safety Faculty meeting

IHI/SHINE Faculty Call

IHI/SHINE Faculty Call

IHI/SHINE Faculty Call

IHI/SHINE Faculty Call

IHI/SHINE Faculty Call

IHI/SHINE Faculty Call

IHI/SHINE Faculty Call

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IHI/SHINE Faculty Call

IHI/SHINE Faculty Call

IHI/SHINE Faculty Call

IHI/SHINE Faculty Call

IHI/SHINE Faculty Call

IHI/SHINE Faculty Call

IHI/SHINE Faculty Call

IHI with SHINE Chair & Co Chair

Faculty Meeting

Faculty Meeting

Faculty Meeting

Faculty Meeting

Faculty Meeting

Briefing institutions on Change Package
Initial Thoughts!


https://www.google.com.sg/search?q=uncertain&espv=2&biw=758&bih=622&source=lnms&tbm=isch&sa=X&ved=0ahUKEwjNreuxgrnOAhVHr48KHRemCNAQ_AUIBigB#imgrc=8IE_y6uqsPHXwM%3A
Preparations

• What is the best practice “out there”?
• What work has been undertaken locally that can be built upon?
• Consensus amongst local and IHI faculty and existing national committees
# The “Final” Change Package

## Medication Safety Promotion Change Package

<table>
<thead>
<tr>
<th>Primary Driver</th>
<th>Secondary Driver</th>
<th>Key Change Areas</th>
<th>Change Concepts</th>
<th>Testable Idea (actionable)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hypoglycaemic Agents (OHAG)</strong></td>
<td><strong>Design Highly Reliable Process for Segment of High Alert Medications</strong></td>
<td>Differentiate look-alike-sound-alikes for Oral Hypoglycaemic Agents (OHAG) labels</td>
<td>1. Use of self-adhesive labels for medication labels during prescribing and packing of oral hypoglycaemic agents and 2. Change the labelling for high dosages of hypoglycaemic agents (e.g. Metformin 850mg) to supersede while maintaining labelling for low dosages (e.g. Metformin 500mg)</td>
<td>Store look-alike drugs a distance apart</td>
</tr>
<tr>
<td><strong>Hypoglycaemic Agents (Insulin)</strong></td>
<td><strong>Standardization of insulin injection and labels</strong></td>
<td>Standardize</td>
<td>1. Orientation of new doctors on safe and good prescribing of oral hypoglycaemic agents</td>
<td></td>
</tr>
<tr>
<td><strong>Secondary Driver</strong></td>
<td><strong>Adjust the physical environment such that drugs of the same class or look alike are kept apart</strong></td>
<td>Optimize the Work Environment for Safety</td>
<td>1. Orientation of new doctors on safe and good prescribing of oral hypoglycaemic agents</td>
<td>1 Store look alike drugs a distance apart</td>
</tr>
<tr>
<td><strong>Secondary Driver</strong></td>
<td><strong>Standardize training scope &amp; materials for new doctors on Oral Hypoglycaemic Agents (OHAG)</strong></td>
<td>Standardize</td>
<td>1. Orientation of new doctors on safe and good prescribing of oral hypoglycaemic agents</td>
<td></td>
</tr>
<tr>
<td><strong>Secondary Driver</strong></td>
<td><strong>Provide prescribing standard or notional</strong></td>
<td>Standardize</td>
<td>1. Orientation of new doctors on safe and good prescribing of oral hypoglycaemic agents</td>
<td>1 Store look alike drugs a distance apart</td>
</tr>
<tr>
<td><strong>Secondary Driver</strong></td>
<td><strong>Encourage use of electronic decision aids for prescribing and monitoring</strong></td>
<td>Automatic</td>
<td>1. Include warning prompts in the IT clinical support system &amp; 2. cut-off levels are prescribed</td>
<td>1 Include warning prompts in the IT clinical support system &amp; 2. cut-off levels are prescribed</td>
</tr>
<tr>
<td><strong>Secondary Driver</strong></td>
<td><strong>Improve medication labels for patients</strong></td>
<td>Improve communication</td>
<td>1. Improved communication with patients, use leaflet for elderly</td>
<td>1. Larger medication labels for patients, useful especially for elderly</td>
</tr>
<tr>
<td><strong>Secondary Driver</strong></td>
<td><strong>Count-checking of drug dosages by pharmacists</strong></td>
<td>Decrease Reliance on Technique</td>
<td>1. Count-checking of dosages with the prescribing doctor &amp; the pharmacist discovers discrepancies with the previous dosage</td>
<td></td>
</tr>
<tr>
<td><strong>Secondary Driver</strong></td>
<td><strong>Standardize the format of hospital discharge memories</strong></td>
<td>Improve communication</td>
<td>1. Work with the hospitals to clearlist the medications on discharge memories</td>
<td></td>
</tr>
<tr>
<td><strong>Secondary Driver</strong></td>
<td><strong>Improve patient knowledge on drugs for self-monitoring and management (include diet education and management during fasting month)</strong></td>
<td>Improve access to information</td>
<td>1. Provide patients with a detailed list of their medicine in a clear drug list so they will know when a wrong drug is prescribed.</td>
<td></td>
</tr>
<tr>
<td><strong>Secondary Driver</strong></td>
<td><strong>Improve communication</strong></td>
<td>Improve communication</td>
<td>2. Patient Information Leaflet (PIL) containing images of drugs are printed on demand for patients</td>
<td></td>
</tr>
<tr>
<td><strong>Secondary Driver</strong></td>
<td><strong>Improve communication</strong></td>
<td>Improve communication</td>
<td>3. Common indications in 4 languages printed on the medication pack for patients</td>
<td></td>
</tr>
</tbody>
</table>
… and Measurement Strategy

The criticality of “operational definitions”
What was Important to me? And Why?

• Belief!
• Buddy system with IHI faculty
• Mutual support of local faculty
• Clear understanding of roles and responsibilities
The Day Finally Came!
## Pioneer Teams

<table>
<thead>
<tr>
<th>No.</th>
<th>Member Organisation</th>
<th>Workstream</th>
<th>Focus of topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Khoo Teck Puat Hospital</td>
<td>Healthcare Infection Prevention</td>
<td>Prevention of Catheter associated urinary tract infections (CAUTI)</td>
</tr>
<tr>
<td>2</td>
<td>Changi General Hospital</td>
<td>Healthcare Infection Prevention</td>
<td>Prevention of Catheter associated urinary tract infections (CAUTI)</td>
</tr>
<tr>
<td>3</td>
<td>Ng Teng Fong Hospital</td>
<td>Healthcare Infection Prevention</td>
<td>Hand Hygiene</td>
</tr>
<tr>
<td>4</td>
<td>Institute of Mental Health</td>
<td>Medication Safety Promotion</td>
<td>Hypoglycaemic Agents/ Insulin</td>
</tr>
<tr>
<td>5</td>
<td>National Healthcare Group Polyclinics</td>
<td>Healthcare Infection Prevention</td>
<td>Hand Hygiene</td>
</tr>
<tr>
<td>6</td>
<td>National Skin Centre</td>
<td>Healthcare Infection Prevention</td>
<td>Hand Hygiene</td>
</tr>
<tr>
<td>7</td>
<td>Tan Tock Seng Hospital</td>
<td>Medication Safety Promotion</td>
<td>Hypoglycaemic Agents/ Insulin</td>
</tr>
<tr>
<td>8</td>
<td>National University Hospital</td>
<td>Healthcare Infection Prevention</td>
<td>Prevention of Catheter associated urinary tract infections (CAUTI)</td>
</tr>
<tr>
<td>9</td>
<td>KK Women’s &amp; Children’s Hospital</td>
<td>Medication Safety Promotion</td>
<td>Opioids</td>
</tr>
<tr>
<td>10</td>
<td>Singapore General Hospital</td>
<td>Healthcare Infection Prevention</td>
<td>Prevention of Catheter associated urinary tract infections (CAUTI)</td>
</tr>
<tr>
<td>11</td>
<td>Singapore National Eye Centre</td>
<td>Healthcare Infection Prevention</td>
<td>Hand Hygiene</td>
</tr>
<tr>
<td>12</td>
<td>SingHealth Polyclinics</td>
<td>Medication Safety Promotion</td>
<td>Hypoglycaemic Agents/ Insulin</td>
</tr>
</tbody>
</table>
What Were the Key Components at LS0?

When you combine the 3 questions with the...

PDSA cycle, you get...

...the Model for Improvement.

Developed by the Associates in Process Improvement. Building on the work of W.E.Deming and Walter Shewhart

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Breakouts that were Workstream Specific

Day 1: 1300 -1500 (120 mins)

1. Who?
   - Exploration and questions based on review of the DD, MS, and Changes presented in the Plenary.
   - Last 15 minutes have a discussion on building will at their organization. **Who** do we need to engage first in this effort?

Day 1: 1530 – 1700 (90 mins)

1. What?
   - Start with Aim completion and discussion.
   - Overall work plan development and focus on building the team.
   - Developing PDSA’s for testing. Start the discussion for tomorrow.

- Action orientated
- All improvement is local
... a Few Images to Sum it All Up